UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

| Paper State Stat | REQUEST FOR PATENT FEE REFUND | | | | | | |
|---|--|----------|----------------------|-----|--|------------|--|
| ### Please refund the following fee(s): NUMBER FILED 6 AMOUNT Filing | 1 Date of Request: 2 Serial/Patent # 10/518697 | | | | | | |
| Amendment Extension of Time Notice of Appeal/Appeal Petition Issue Cert of Correction/Terminal Disc. Maintenance Assignment Other TOTAL AMOUNT OF REFUND TOF REFUND TOTAL AMOUNT OF REFUND TO BE REFUNDED BY: Treasury Check Credit Deposit A/C #: Duplicate Payment No Fee Due (Explanation): TITLE: PAULIGAL TITLE: PAULIGAL TITLE: PAULIGAL THIS SPACE RESERVED FOR FINANCE USE ONLY: | 3 Please refund the following fee(s): | | | | | 6 AMOUNT | |
| Extension of Time Notice of Appeal/Appeal Petition Issue Cert of Correction/Terminal Disc. Maintenance Assignment Other TOTAL AMOUNT OF REFUND TOF REFUND TOTAL AMOUNT OF REFUND TO BE REFUNDED BY: Treasury Check Credit Deposit A/C #: Duplicate Payment No Fee Due (Explanation): TITLE: PAULIGAL TITLE: PAULIGAL TITLE: PAULIGAL TITLE: PAULIGAL PHONE: 318-9140 OFFICE: THIS SPACE RESERVED FOR FINANCE USE ONLY: | Filing | | | 1 | 12/21/04 | \$ 100 | |
| Notice of Appeal/Appeal Petition Issue Cert of Correction/Terminal Disc. Maintenance Assignment Other 7 TOTAL AMOUNT OF REFUND 8 TO BE REFUNDED BY: Treasury Check Coverpayment Credit Deposit A/C #: Duplicate Payment No Fee Due (Explanation): TYPED/PRINTED NAME: TYPED/PRINTED NAME: TYPED/PRINTED NAME: TYPED/PRINTED NAME: TYPED/PRINTED NAME: TITLE: PAULIGAL PHONE: 308-9140 OFFICE: THIS SPACE RESERVED FOR FINANCE USE ONLY: | Amendment | | | | | \$ | |
| Petition Issue Cert of Correction/Terminal Disc. Maintenance Assignment Other TOTAL AMOUNT OF REFUND TO BE REFUNDED BY: Treasury Check Credit Deposit A/C #: OVERPAYMENT NO Fee Due (Explanation): TITLE: PAULIGAL SIGNATURE: OFFICE: THIS SPACE RESERVED FOR FINANCE USE ONLY: | Extension of Time | | | | | \$ | |
| Issue Cert of Correction/Terminal Disc. Maintenance Assignment Other TOTAL AMOUNT OF REFUND TOTAL AMOUNT OF REFUNDED BY: Treasury Check Credit Deposit A/C #: Duplicate Payment No Fee Due (Explanation): TITLE: FAMILIAN SIGNATURE: OFFICE: TYPED/PRINTED NAME: JOHNSAN SIGNATURE: PHONE: 308-9/40 OFFICE: | Notice of Appeal/Appeal | | | | | \$ | |
| Cert of Correction/Terminal Disc. Maintenance Assignment Other 7 TOTAL AMOUNT OF REFUND 8 TO BE REFUNDED BY: Treasury Check Coverpayment Duplicate Payment No Fee Due (Explanation): TITLE: TYPED/PRINTED NAME: TYPED/PRINTED NAME: SIGNATURE: OFFICE: THIS SPACE RESERVED FOR FINANCE USE ONLY: | Petition | | | | | \$ | |
| Maintenance Assignment Other 7 TOTAL AMOUNT OF REFUND 8 TO BE REFUNDED BY: Treasury Check Credit Deposit A/C #: Duplicate Payment No Fee Due (Explanation): TITLE: pauligal SIGNATURE: OFFICE: THIS SPACE RESERVED FOR FINANCE USE ONLY: | Issue | | | | | \$ | |
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| Other 7 TOTAL AMOUNT OF REFUND \$ /80 8 TO BE REFUNDED BY: 10 REASON: Treasury Check Credit Deposit A/C #: Duplicate Payment No Fee Due (Explanation): 11 REFUND REQUESTED BY: TYPED/PRINTED NAME: SIGNATURE: OFFICE: THIS SPACE RESERVED FOR FINANCE USE ONLY: | Maintenance | | | | | \$ | |
| 7 TOTAL AMOUNT OF REFUNDED BY: 10 REASON: Treasury Check Overpayment Credit Deposit A/C #: Duplicate Payment 9 / 6 0 3 3 / No Fee Due (Explanation): 11 REFUND REQUESTED BY: TYPED/PRINTED NAME: Johnson Title: family all of the position of the pos | Assignment | | | | | \$ | |
| OF REFUND \$ 000 S 100 REASON: Treasury Check Overpayment Duplicate Payment No Fee Due (Explanation): TYPED/PRINTED NAME: TYPED/PRINTED NAME: SIGNATURE: OF REFUND S 100 S 10 | Other | | | | | \$ | |
| Overpayment Credit Deposit A/C #: Duplicate Payment 9 / 6 0 3 3 / No Fee Due (Explanation): TITLE: pauligal SIGNATURE: Applicate Payment Phone: 308-9/40 OFFICE: *********************************** | | | | | | \$ 100 | |
| Overpayment Credit Deposit A/C #: Duplicate Payment , | | | 8 TO BE REFUNDED BY: | | | | |
| Duplicate Payment No Fee Due (Explanation): 11 REFUND REQUESTED BY: TYPED/PRINTED NAME: # Johnson Title: familigal SIGNATURE: A Phone: 308-9140 OFFICE: *********************************** | 10 REASON: | | Treasury Check | | | | |
| No Fee Due (Explanation): 11 REFUND REQUESTED BY: TYPED/PRINTED NAME: ## Dhysan TITLE: parallegal PHONE: 308-9140 OFFICE: *********************************** | / Overpayment | | | Cr | edit Depo | sit A/C #: | |
| TYPED/PRINTED NAME: # JOHNSON TITLE: parallegal signature: # Application Phone: 308-9140 OFFICE: #################################### | Duplicate Payment | | | 9 / | 60 | 331 | |
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| APPROVED: DATE: | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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